

# AT RISK OF HOMELESSNESS CERTIFICATION

ESG Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify the above individual or household is currently at risk of homelessness based on the category checked and required documentation.

**Check only one Category and complete only that section**

**CATEGORY 1: An individual or family:** (must have income 30% below AMI, lack sufficient resources & meets 1 of the following risk factors)

- ☐ Has an annual income below 30% of AMI (must have documentation of income eligibility; **AND**
- ☐ Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self-Certification Form No. 4) supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears)

**AND meets 1 of the following risk factors with acceptable documentation**

- ☐ **Risk 1:** Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance (**must document the following 2 criteria**):
  - ☐ Housing history must demonstrate 2 or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (**intake observation not appropriate**); **and**
  - ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).

- ☐ **Risk 2:** Living in the home of another because of economic hardship (**must document the following 2 criteria**):
  - ☐ Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (**intake observation may be appropriate**); **and**
  - ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).

- ☐ **Risk 3:** Housing loss within 21 days – has been notified their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third party source/written is appropriate (**must document 1 of the following criteria**):
  - ☐ If tenant/homeowner: eviction notice, court order to leave within 21 days; **or**
  - ☐ If living with another (doubled up): eviction letter from tenant/homeowner.

- ☐ **Risk 4:** Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals (**must document the following 2 criteria**):
  - ☐ Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; **and**
  - ☐ Costs have not been covered by charitable organization or government program: documentation – cancelled check.

- ☐ **Risk 5:** Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room (**must document the following**):
  - ☐ Number of rooms in unit **AND** number of individuals living in unit: documentation may include lease, unit details from Tax Assessor's Office, intake observation.

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### Category 1: An individual or family (continued):

☐ **Risk 6:** Exiting publicly funded institution or system of care **(must document the following):**

- ☐ Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

☐ **Risk 7:** Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community.

**(documentation must include):**

- ☐ Self-certification (Form No. 5) or other written documentation describing the circumstances and that the individual or family lacks financial resources and support networks to obtain other permanent housing.

### CATEGORY 2: Unaccompanied Children and Youth

☐ A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute **(must document the following):**

- ☐ Verification of Homeless Status must be provided by agency administering applicable Federal program: **documentation must be Third Party – Written ONLY**; Certification of homeless status (letter or standardized form).

### CATEGORY 3: Families with Children and Youth

☐ An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her **(must document the following).**

- ☐ **Third Party – Written ONLY**; must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program **AND** must confirm family/guardian is residing with children/youth.

### ☐ Three Month Eligibility Re-Evaluation:

*For prevention assistance, agencies must re-evaluate household eligibility every 3 months. In order to continue receiving assistance, households must meet both of the following conditions:*

- Household income must be below 30% AMI
- AND**
- The household must lack sufficient resources and support networks necessary to retain housing without ESG assistance

Please use form *ESG Household Eligibility – Re-Evaluation* to document that the household continues to meet these requirements.

Intake Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_